

# **RESOURCE PACKET**

## **Assessment Documentation of Disability Standards**



**AUTISM**  
Assessment Documentation

School System \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

1. Assessment documents the characteristics of Autism Spectrum Disorder.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Characteristics of Autism of the following are documented prior to age 3:		
▪ difficulty relating to others or interacting in a socially appropriate manner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ absence, disorder, or delay in verbal and/or nonverbal communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ insistence on sameness as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change AND/OR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ unusual or inconsistent responses to sensory stimuli	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Evaluation procedures included:		
▪ parental interviews (including developmental history	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ behavioral observations in 2 or more settings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ physical and neurological information from a licensed physician, pediatrician, or neurologist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ Report provides general health history evaluating the possibility of other impacting health conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ Name of physician: _____		
○ Date of report: _____		
• evaluation of speech/language/communication skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ evaluation of cognitive/developmental skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ evaluation of adaptive skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ evaluation of social skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. There is documentation and assessment of how Autism Spectrum Disorder adversely affects the student's educational performance in the classroom or learning environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Documentation of adverse effects from Autism Spectrum Disorder

---

---

---

---

\_\_\_\_\_  
Signature of Speech/Language Therapist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Assessment Team Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**DEAF-BLINDNESS**  
Assessment Documentation

School System \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

1. One of the following has been met:		
• Assessment documents the criteria for Deafness/Hearing Impairment and Visual Impairment have been met.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Student has diagnosis of degenerative condition or syndrome leading to Deaf-blindness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ Student's present level of functioning is adversely affected by both hearing and vision deficits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Student with Multiple Disabilities due to generalized central nervous system dysfunction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ Student exhibits auditory and visual impairments or deficits which are not perceptual in nature	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Characteristics of Deaf-blindness are present and cause an adverse effect on the student's educational performance in the general education classroom or learning environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Evaluation procedures included		
▪ Procedures and eligibility standards met for Hearing Impairment/Deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AND		
▪ Procedures and eligibility standards met for Visual Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When child with degenerative condition or syndrome which will lead to Deaf-blindness:		
▪ Medical statement confirming existence of such a condition or syndrome:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ Condition _____		
○ Prognosis _____		
○ Name of Physician _____		
○ Date of report _____		
▪ Eye exam by ophthalmologist or optometrist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Report includes:		
○ Etiology _____		
○ Diagnosis _____		
○ Prognosis _____		
○ Name of physician: _____		
○ Date of report: _____		
• Functional vision and media assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Audiological assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Documented observation of auditory functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Assessment of speech and language functioning which includes mode of communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Assessment of developmental and academic functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. There is documentation of how Deaf-blindness adversely affects the student's educational performance in the classroom or learning environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Signature of Other Assessment Team Member

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



## DEAFNESS/HEARING IMPAIRMENT

### Assessment Documentation

School System \_\_\_\_\_  
Student \_\_\_\_\_

School \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_  
Age \_\_\_\_\_

1. Assessment results include documentation of hearing loss to meet the standards as (*check one*):
  - ☐ A student with a Hearing Impairment
  - ☐ A student with Deafness
2. One or more of the following characteristics is documented:
  - ☐ inability to communicate effectively due to Deafness or Hearing Impairment
  - ☐ inability to perform academically on a level commensurate with the expected level because of Deafness or Hearing Impairment
  - ☐ delayed speech and/or language development due to Deafness or Hearing Impairment
3. ☐ Yes ☐ No There is documentation of adverse effects on educational performance:  
Documentation includes:
  - ☐ Yes ☐ No – Academic performance.
  - ☐ Yes ☐ No – Speech and/or language development or communication skills in the class-room
4. Documentation of the following procedures is included with this report:
  - ☐ Audiological evaluation;
  - ☐ Evaluation of speech and language performance;
  - ☐ School history and levels of learning or educational performance; and
  - ☐ Documentation, including an observation of classroom performance, and assessment of adverse effects on educational performance in the general education classroom or learning environment.

\_\_\_\_\_  
Signature of Speech/Language Therapist or Audiologist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Name of Physician or Audiologist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



# DEVELOPMENTAL DELAY

## Assessment Documentation

Child's name \_\_\_\_\_ DOB \_\_\_\_\_ CA \_\_\_\_\_ Initial evaluation and child is age 7-0 or less ☐ Yes ☐ No  
 LEA/School \_\_\_\_\_ Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_ Other disabilities were considered ☐ Yes ☐ No

	Physical		Cognitive		Communication		Social/ Emotional	Adaptive	*Observation	*Family Report
<b>Instrument Used</b>										
<b>Date Administered</b>										
<b>Observations</b>									Strengths Observed:	Strengths Observed:
<b>Standard Score</b>	____ SS ____ SDs above/below norm	____ SS ____ SDs above/below norm	____ SS ____ SDs above/below norm	____ SS ____ SDs above/below norm	____ SS ____ SDs above/below norm	____ SS ____ SDs above/below norm			Concerns:	Concerns:
<b>OR</b>										
<b>Age Equivalent</b>	____ Age Equivalent	____ Age Equivalent	____ Age Equivalent	____ Age Equivalent	____ Age Equivalent	____ Age Equivalent				
<b>OR</b>										
<b>Percentage Delay (if any)</b>	____ %	____ %	____ %	____ %	____ %	____ %				

*\*The observation and family report may be conducted using standardized and/or locally developed instruments and may or may not yield scores.*

Documentation and assessment of how Developmental Delay adversely affects educational performance in the classroom or learning environment:

Explain: \_\_\_\_\_  
 \_\_\_\_\_

Assessment team decision (check one):

- ☐ Meets eligibility standards for Developmental Delay category
- ☐ Meets eligibility standards for special education category: \_\_\_\_\_
- ☐ Does not meet eligibility standards for any special education category

Assessment Team Members  
 (Name/Position) \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_

# EMOTIONAL DISTURBANCE

## Assessment Documentation

School System \_\_\_\_\_  
Student \_\_\_\_\_

School \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade \_\_\_\_\_  
Age \_\_\_\_\_

1. Report documents Emotional Disturbance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Report includes documentation of informal assessments and interventions for Emotional Disturbance prior to and during assessment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Assessment documents the student manifests to a marked degree and over an extended period of time one or more of the following characteristics:		
• Inability to learn which cannot be explained by limited school experience, cultural differences, or inadequate intellectual, sensory, or health factors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Inability to build or maintain satisfactory interpersonal relationships with peers and school personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Inappropriate types of behavior or feelings when no major or unusual stressors are evident	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• General pervasive mood of unhappiness or depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Tendency to develop physical symptoms or fears associated with personal or school problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The following conditions are not a determinant factors for the disability:		
• Social maladjustment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Substance abuse related behaviors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Gang-related behaviors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Oppositional defiant behaviors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Conduct behavior problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. The following assessment components are included:		
• Visual or auditory deficits ruled out as the primary cause of atypical behavior(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Physical conditions ruled out as the primary cause of atypical behavior(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Individual assessment of psychoeducational strengths and weaknesses taking into account any exceptionality of the individual in the choice of assessment procedures includes Intelligence Behavior and Personality	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specific behavioral data that includes:		
• Documentation of previous interventions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Evaluation of the locus of control of behavior to include internal and external factors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Direct and anecdotal observations over time and across various settings by three or more licensed professionals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Individual educational assessment (criterion- or norm-referenced)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Direct measures of classroom performance to determine the student's strengths and weaknesses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Review of past educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comprehensive social history includes:		
• Family history	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Family-social interactions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Developmental history	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Medical history (including mental health)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• School history (including attendance and discipline records)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Information gathered from assessment documents there is demonstration of adverse affects on educational performance in the general education classroom and/or educational environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Assessment Personnel

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessment Personnel

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessment Personnel

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Emotional Disturbance Assessment Documentation



**FUNCTIONALLY DELAYED**  
Assessment Documentation

School System \_\_\_\_\_  
Student \_\_\_\_\_

School \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_  
Age \_\_\_\_\_

Eligibility Standards and Procedures Documentation			Standard Met?	
			Yes	No
<b>1. Intellectual Functioning</b> a. Is there significantly impaired Intellectual Functioning, which is $\geq 2$ standard deviations below the mean on an individually administered, standardized measure of intelligence?			<input type="checkbox"/>	<input type="checkbox"/>
b. Did interpretation of evaluation results consider factors that may affect test performance, including: (a) limited English proficiency (b) cultural background and differences (c) medical conditions that impact school performance (d) socioeconomic status (e) communication, sensory, or motor abilities			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Are the factors above documented on the <i>Exclusionary Factors Worksheet</i> and/or in the <i>Psychoeducational Written Report</i> ?			<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Individual Academic Achievement</b> Is there deficient academic achievement, which is at or below the fourth (4 <sup>th</sup> ) percentile in two (2) or more of the following areas?				
	<u>Instrument</u>	<u>Percentile Score</u>		
→basic reading skills	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
→reading comprehension	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
→mathematics calculation	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
→mathematics reasoning	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
→written expression	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Adaptive Behavior – Standardized School or Home</b> Is there adaptive behavior (home and/or school) that is NOT SIGNIFICANTLY IMPAIRED (does not fall in the Mental Retardation range)?			<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Adverse Effects</b> Does the student's Functional Delay cause adverse effects on educational performance in the general education classroom or learning environment?			<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of School Psychologist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessment Specialist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessment Specialist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



# INTELLECTUALLY GIFTED

## Assessment Documentation

School System _____ School _____ Name _____ Grade _____ Date of Birth _____ Age _____ Alt. Assessment- (Check All That Apply) __AA __AP __CT __C Race/Ethnicity (Circle One) : Caucasian – African-American -- Hispanic -- Native American -- Asian -- Other: _____			
<b>OPTION 1 (A)</b>	<b>OPTION 1 (B)</b>	<b>OPTION 2</b>	<b>OPTION 3</b>
<b>Meets Option 1 (A) Requirements</b> <u>ELIGIBILITY REQUIREMENTS</u> (Check Areas Met)  <input type="checkbox"/> IQ/Cognitive + <input type="checkbox"/> Achievement—Option 1 (A)  <u>These Areas Must Be Assessed</u> <input type="checkbox"/> Academic Performance <input type="checkbox"/> Creative Thinking	<b>Meets Option 1 (B) Requirements</b> <u>ELIGIBILITY REQUIREMENTS</u> (Check Areas Met)  <input type="checkbox"/> IQ/Cognition +  <input type="checkbox"/> Achievement—Option 1 (B) <input type="checkbox"/> Creativity <input type="checkbox"/> Performance	<b>Meets Option 2 Requirements</b> <u>ELIGIBILITY REQUIREMENTS</u> (Check Areas Met)  <input type="checkbox"/> IQ/Cognitive +  2 Components – Option 2  <input type="checkbox"/> Achievement <input type="checkbox"/> Creativity <input type="checkbox"/> Performance	<b>Meets Option 3 Requirements</b> <u>ELIGIBILITY REQUIREMENTS</u> (Check Areas Met)  3 Components—Option 3  <input type="checkbox"/> Cognition <input type="checkbox"/> Achievement <input type="checkbox"/> Creativity <input type="checkbox"/> Performance
<b>(Record All Scores in the First Column)</b>			
<b>A C A D E M I C A C H I E V E M E N T</b>			
<u>(Record All of the Information Below)</u> $\geq 96^{\text{th}}$ Percentile—1 Total Area (Option 1-A)— <u>OR</u> — $\geq 5.0$ —TCAP Writing  <u>OR</u>  $\geq 90^{\text{th}}$ Percentile—2 Total Areas (Option 1-B)  Group Achievement Test _____ DOT _____ Norms: (circle one) Age / Grade Percentiles: R _____ L _____ M _____ Tot B _____ S _____ SS _____ TCAP Writing _____  Individual Achievement Test _____ DOT _____ Norms: (circle one) Age / Grade Percentiles: R _____ M _____ Written L _____ Academic Knowledge _____ TCAP Writing _____		<u>(See Option 1 for Academic Areas)</u> 2 Total areas $\geq 95^{\text{th}}$ Percentile (includes TCAP Writing Score of $\geq 5.0$ )  <u>OR</u>  3 Total Areas $\geq 90^{\text{th}}$ Percentile	<u>(See Option 1 for Academic Areas)</u> 3 Total areas $\geq 95^{\text{th}}$ Percentile (includes TCAP Writing Score of $\geq 5.0$ )  <u>OR</u>  4 Total Areas $\geq 90^{\text{th}}$ Percentile
<b>A C A D E M I C P E R F O R M A N C E</b>			
<u>(Record 1 or more of the Information Below)</u> GPA (Top 3 Percent for 1 year) at School Grade Level (Middle & High) _____ Teacher's Observation Checklist (22) _____ Total GES-2 Scale ( $90^{\text{th}}$ Percentile) _____ Percentile Academic Awards--1 National/Multi-State/District <u>or</u> 1 System <u>or</u> 4 School (Record and Describe All Awards on Awards Documentation Page) Supplemental Performance Checklist (7 of 11) _____ (Alternative Assessment Selection ONLY)		GPA -Same as Option 1 Teacher's Observation Checklist (25) Total GES-2 Scale ( $92^{\text{nd}}$ Percentile) Academic Awards--1 National/Multi-State/District <u>or</u> 2 System <u>or</u> 5 School Supplemental Performance Checklist (6 of 11) (Alternative Assessment Selection ONLY)	GPA -Same as Option 1 Teacher's Observation Checklist (30) Total GES-2 Scale ( $94^{\text{th}}$ Percentile) Academic Awards--1 National/Multi-State/District <u>or</u> 2 System <u>or</u> 5 School Supplemental Performance Checklist (5 of 11) (Alternative Assessment Selection ONLY)
<b>C R E A T I V E T H I N K I N G</b>			
<u>(Record 1 or more of the Information Below)</u> Standardized Creativity Test: _____ ( $\geq 75^{\text{th}}$ Percentile) _____ Percentile Evaluation of Products Score (40) _____ Evaluation of Products with Mentor (40) _____ (Alternative Assessment Selection ONLY) Creative Thinking Checklist (44 Points) _____		Standardized Creativity Test: ( $\geq 83^{\text{rd}}$ Percentile) Evaluation of Products Score (41) Evaluation of Products with Mentor (41) (Alternative Assessment Selection ONLY) Creative Thinking Checklist (44 Points) _____	Standardized Creativity Test: ( $\geq 90^{\text{th}}$ Percentile) Evaluation of Products Score (42) Evaluation of Products with Mentor (42) (Alternative Assessment Selection ONLY) Creative Thinking Checklist (44 Points) _____
<b>C O G N I T I O N</b>			
<u>(Record All of the Information Below)</u> $\geq 130$ (When SD = 15) or $\geq 132$ (When SD = 16) $\geq 130$ (When SD = 15) or $\geq 132$ (When SD = 16) on Alternative Test of Mental Ability (Alternative Assessment Selection ONLY)---- <u>OR</u> ---- $1 \frac{1}{2}$ SD "Split" Discrepancy Intelligence Test _____ DOT _____ ☼ Yes ☼ No (Alternative Test) Composite Score _____ Verbal Score _____ Nonverbal Score _____ ☼ Yes ☼ No ("Split" Discrepancy) _____ Verbal/Nonverbal Discrepancy _____		Composite Score 123--129 (When SD = 15) 124--131 (When SD = 16)	Composite Score 118--122 (When SD = 15) 119--123 (When SD = 16)



# MENTAL RETARDATION ELIGIBILITY DOCUMENTATION

## Assessment Documentation

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
 School System \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Eligibility Standards and Procedures Documentation		STANDARD MET?	
		YES	NO
<b>1. Intellectual Functioning</b>			
a. Is there significantly impaired intellectual functioning, which is $\geq 2$ standard deviations below the mean on an individually administered, standardized measure of intelligence?		<input type="checkbox"/>	<input type="checkbox"/>
b. Did interpretation of evaluation results consider factors that may affect test performance, including:			
• Limited English proficiency		<input type="checkbox"/>	<input type="checkbox"/>
• Cultural background and differences		<input type="checkbox"/>	<input type="checkbox"/>
• Medical conditions that impact school performance		<input type="checkbox"/>	<input type="checkbox"/>
• Socioeconomic status		<input type="checkbox"/>	<input type="checkbox"/>
• Communication, sensory, or motor abilities		<input type="checkbox"/>	<input type="checkbox"/>
c. Are the factors above documented on the <i>Exclusionary Factors Worksheet</i> and/or in the <i>Psychoeducational Written Report</i> ?		<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Adaptive Behavior – Home (Standardized)</b>			
a. Is there adaptive behavior of home or community skills from the child's principal caretaker?		<input type="checkbox"/>	<input type="checkbox"/>
b. Is the adaptive behavior composite score $\geq 2$ standard deviations below the mean of the instrument (or if standard scores were not available does the composite score represent a 50% delay based on chronological age)?		<input type="checkbox"/>	<input type="checkbox"/>
c. Did interpretation of evaluation results consider factors that may affect test performance, including:			
• Limited English proficiency		<input type="checkbox"/>	<input type="checkbox"/>
• Cultural background and differences		<input type="checkbox"/>	<input type="checkbox"/>
• Medical conditions that impact school performance		<input type="checkbox"/>	<input type="checkbox"/>
• Socioeconomic status		<input type="checkbox"/>	<input type="checkbox"/>
• Communication, sensory, or motor abilities		<input type="checkbox"/>	<input type="checkbox"/>
d. Are the factors above documented on the <i>Exclusionary Factors Worksheet</i> and/or in the <i>Psychoeducational Written Report</i> ?		<input type="checkbox"/>	<input type="checkbox"/>
e. Additional documentation of adaptive behavior skills:			
_____			
_____			
<b>3. Adaptive Behavior – School (Systematic Observations)</b>			
a. Is there significantly impaired adaptive behavior as determined by systematic observations in the school daycare center, residence, or program, which compares the child with same-age peers?		<input type="checkbox"/>	<input type="checkbox"/>
b. Do the observations address age-appropriate adaptive behaviors for the child's chronological age?			
(Check below at age-appropriate level)			
• <input type="checkbox"/> Birth – 6: <input type="checkbox"/> Communication <input type="checkbox"/> Self-Care <input type="checkbox"/> Social Skills <input type="checkbox"/> Physical Development			
• <input type="checkbox"/> 6 – 13: <input type="checkbox"/> Communication <input type="checkbox"/> Self-Care <input type="checkbox"/> Social Skills <input type="checkbox"/> Home Living <input type="checkbox"/> Community Use			
• <input type="checkbox"/> 14 – 21: <input type="checkbox"/> Communication <input type="checkbox"/> Self-Care <input type="checkbox"/> Social Skills <input type="checkbox"/> Home Living <input type="checkbox"/> Community Use			
• <input type="checkbox"/> Self-Direction <input type="checkbox"/> Health and Safety <input type="checkbox"/> Functional Academics <input type="checkbox"/> Leisure			
• <input type="checkbox"/> Self-Direction <input type="checkbox"/> Health and Safety <input type="checkbox"/> Functional Academics <input type="checkbox"/> Leisure <input type="checkbox"/> Work			
c. Results of additional documentation of adaptive behavior skills, when appropriate (i.e., standardized school adaptive behavior):			
_____			
_____			
4. Was intellectual impairment manifested during the developmental period (birth through 18)?		<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a current demonstration of delays present in the student's natural (home and school) environment?		<input type="checkbox"/>	<input type="checkbox"/>
6. Does the student's Mental Retardation cause adverse effects on educational performance in the general education classroom or learning environment?		<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of School Psychologist

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Assessment Team Member

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**MULTIPLE DISABILITIES-ELIGIBILITY DOCUMENTATION**  
Assessment Documentation

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Eligibility Standards and Procedures Documentation	Standards Met	
	YES	No
1. Have the eligibility standards for two or more identified disabilities been met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Eligibility Documentation for each disability is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the student require significant developmental and educational programming that cannot be accomplished with special education services that primarily serve one area of the disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Signature of Assessment Specialist Involved in Each Designated Disability

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessment Specialist Involved in Each Designated Disability

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessment Specialist Involved in Each Designated Disability

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessment Specialist Involved in Each Designated Disability

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessment Specialist Involved in Each Designated Disability

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assessment Specialist Involved in Each Designated Disability

\_\_\_\_\_  
Date

**ORTHOPEDIC IMPAIRMENT**  
Assessment Documentation

School System: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

1. Report documents an Orthopedic (or Physical) Impairment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The impairment is congenital, caused by disease or from other physical causes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Medical Evaluation obtained by a licensed physician Name and address of Physician: _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Report documents social adaptive behaviors which relate to Orthopedic Impairment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Report documents physical adaptive behaviors which relate to Orthopedic Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Report includes:		
• Documentation of mobility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Documentation of daily living	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. There is demonstration of adverse affects on educational performance in the general education classroom and/or educational environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. There is demonstration of adverse affects on access to the learning environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Document components of the assessment of how the Orthopedic Impairment adversely affects educational performance in the classroom or learning environment.

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of Occupational Therapist or Physical Therapist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Assessment Team Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# OTHER HEALTH IMPAIRMENT

## Assessment Documentation

School System: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

### Evaluation included:

1. Report documents an Other Health Impairment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The impairment is congenital, caused by disease or from other physical causes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Medical Evaluation obtained by a licensed physician	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and address of Physician _____ _____		
The Medical Evaluation includes:		
• Date of Medical Evaluation is within one year of initial assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Diagnosis and Prognosis of the Health Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Medications and/or special Care Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Special Diet and/or Activity Restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Information gathered in the evaluation documents a need for special education participation due to chronic or acute health problems that result in:		
• Impaired organizational or work skills;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Inability to manage or complete tasks;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Difficulty interacting with others;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Excessive health related absenteeism; or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Medications that affect cognitive functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Documentation includes a comprehensive developmental or educational assessment, which indicates the affects of the health impairment on the student's educational performance, and documents the following deficit skills resulting from the health impairment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessment includes:		
• Pre-academics or academic functioning;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Adaptive behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Social/Emotional development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Motor or Communications skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. There is demonstration of adverse affects on educational performance in the general education classroom and/or educational environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Document components of the assessment of how the Other Health Impairment adversely affects educational performance in the classroom or learning environment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Assessment Personnel

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

Signature of Assessment Personnel

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date



**SPECIFIC LEARNING DISABILITIES**  
Assessment Documentation

School System: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Eligibility Standards and Procedures Documentation		Standard Met?	
		Yes	No
1. Does a severe discrepancy between educational performance and predicted achievement exist? If yes, indicate which area(s) below: <i>[Note—At least one area must be identified]</i> <input type="checkbox"/> basic reading skills <input type="checkbox"/> reading comprehension <input type="checkbox"/> written expression <input type="checkbox"/> mathematics calculation <input type="checkbox"/> mathematics comprehension <input type="checkbox"/> listening comprehension <input type="checkbox"/> oral expression	❖		
2. Is there supportive data or information for the identified academic deficit? Data source(s): 1. _____ 3. _____ 2. _____ 4. _____			
3. Has a disorder in one of the basic cognitive processes been identified? Data source(s): 1. _____ 3. _____ 2. _____ 4. _____	◆		
4. There is a demonstration of continued lack of progress when this child was provided with appropriate instruction in the suspected area of disability and documented evidence which indicates that effective general education interventions and strategies have been attempted over a reasonable period of time. ----- The following interventions have been attempted: Instructional intervention _____ Time period _____ -- _____ Instructional intervention _____ Time period _____ -- _____ Instructional intervention _____ Time period _____ -- _____			
5. Indirect observation by the student's general education teacher has been completed.			
6. Direct observation by a professional other than the general education teacher has been completed.			
7. Information has been provided by the student's parent/guardian for purpose of social, emotional, historical, developmental, and academic review, and interpretation of assessment findings.			
8. This student's performance in classroom academic standards is not commensurate with academic standards at the student's grade level.			
<b>Documentation of Exclusionary Factors</b>	<b>Yes</b>	<b>No</b>	Note: If all of the (✓)'d areas are in the <b>NO</b> column, the student meets the exclusionary factors standard.
9. Severe discrepancy is <i>primarily</i> due to			
• Lack of instruction in reading and math			
• Visual, hearing or motor impairments			
• Mental retardation			
• Emotional disturbance			
• Environmental, cultural or economic disadvantage			
• Limited English proficiency			
• Motivation			
• Situational traumas			
10. Has <b>NO</b> been (✓)'d for all of the Specific Learning Disability Exclusionary Factors?			
11. Does the student's Specific Learning Disability adversely affect his/her progress in the general education classroom?			

❖ If the severe discrepancy exists, and is not evident through standardized tests, provide rationale for using clinical judgment.

◆ Document evidence as to how the identified processing disorder(s) relates to the area(s) of academic deficiency.

\_\_\_\_\_  
Signature of Assessment Personnel Completing Information

\_\_\_\_\_  
Date

Specific Learning Disabilities Assessment Documentation

## SPEECH AND LANGUAGE EVALUATION REPORT

Name:

Sex:

Present Grade Placement:

Date of Birth:

C. A.:

Examiner:

Present School:

Teacher:

Date of Evaluation:

### I. Purpose of Evaluation

- ☐ This speech and language evaluation was requested to determine if the student meets the TN Department of Education eligibility standards as speech and/or language impaired.
- ☐ This is a reevaluation in order to determine if the student meets the TN Department of Education eligibility standards as speech and/or language impaired. (See reevaluation summary in student's special education file.)
- ☐ A speech and language evaluation was requested to gather more information to be used in planning the IEP.

### II. History And Behavioral Observations

Relevant Developmental and Medical History:

- ☐ Teacher Input and Teacher Observation forms are attached. ☐ Parent Information is attached.

#### Behavior Observations

During the assessment the student was ☐ Cooperative ☐ Attentive ☐ Distracted ☐ Other \_\_\_\_\_

- ☐ Cooperative ☐ Attentive ☐ Distracted ☐ Other: \_\_\_\_\_

- ☐ Test results are considered valid.

- ☐ Test results should be viewed with caution, as they may not indicate an accurate current level of communicative abilities.

Comments:

### III. Environmental Considerations and Dialectal Patterns

Is student ELL or ESL? ☐ Yes ☐ No If yes — Is the child English Language Proficient? ☐ Yes ☐ No

Home Language (L1) \_\_\_\_\_ Child's Dominant Language \_\_\_\_\_

### IV. Hearing

- ☐ Pass ☐ Fail Comments: \_\_\_\_\_

### V. Speech Assessment

#### A. Articulation:

Test: \_\_\_\_\_

Speech Sample: \_\_\_\_\_

#### Intelligibility of conversational speech:

In known contexts

☐ Good

☐ Fair

☐ Poor

In unknown contexts

☐ Good

☐ Fair

☐ Poor

Stimulability for correct sound production

☐ Good

☐ Fair

☐ Poor

#### Articulation Errors

**Error sounds/patterns which were produced and which are considered below normal limits for a child this age included the following:**

	Substitution	Deletion	Distortion
Initial			
Medial			
Final			

#### Phonological Error Patterns

(Patterns checked should not be used by a child this age)

- \_\_\_ Initial consonant deletion (up for cup)
- \_\_\_ Final consonant deletion (do for dog)
- \_\_\_ Weak syllable deletion (tephone for telephone)
- \_\_\_ Intervocalic deletion (teeophone for telephone)
- \_\_\_ Cluster reduction (sove for stove, cown for clown)
- \_\_\_ Voicing/Devoicing (bea for pear, koat for goat)
- \_\_\_ Stopping (tun for sun, pour for four)
- \_\_\_ Backing (kable for table)
- \_\_\_ Fronting (tup for cup, thun for sun)
- \_\_\_ Stridency deviation (soe for shoe, fumb for thumb)
- \_\_\_ Liquid simplification (wamp for lamp, wed for red)
- \_\_\_ Deaffrication (tair for chair, dump for jump)
- \_\_\_ Other: \_\_\_\_\_

Exhibited developmental speech sound errors affecting: \_\_\_\_\_

☐ No Apparent Articulation Problem

☐ Articulation Problem Indicated

Comments: \_\_\_\_\_

**B. Oral Peripheral Exam:**    ☐ Oral structure and movement appear adequate for speech production  
☐ Deviations: \_\_\_\_\_

**C. Voice:**    Test: \_\_\_\_\_ Other: \_\_\_\_\_  
☐ Appropriate for sex and age  
☐ Not appropriate for sex and age  
Comments/Characteristic: (see attached): \_\_\_\_\_

**D. Fluency:** Test: \_\_\_\_\_ Other: \_\_\_\_\_  
☐ Appropriate  
☐ Inappropriate  
Student's attitude about stuttering:    ☐ See attached documentation    ☐ Refer to Parent Information  
Comments/Characteristics (see attached): \_\_\_\_\_

## VI. Language Assessment:

Test: \_\_\_\_\_ Results: Receptive Score: \_\_\_\_\_  
Expressive Score: \_\_\_\_\_  
TOTAL SCORE: \_\_\_\_\_

Test: \_\_\_\_\_ Results: \_\_\_\_\_

Test: \_\_\_\_\_ Results: \_\_\_\_\_

Total language score is:  
☐ Within 1.5 SD of the mean    ☐ Greater than 1.5 SD from the mean

There is/is not a significant difference between receptive and expressive language scores.

Areas of Strength:	Areas of Weakness:
_____	_____
_____	_____
_____	_____

Informal Language Sample reveals appropriate:

<u>Sentence Length and Complexity (MLU):</u>	<u>Word Order (syntax):</u>	<u>Vocabulary (semantics):</u>	<u>Word Form (morphology):</u>	<u>Use of Language (pragmatics):</u>
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Comments: \_\_\_\_\_

Functional Communication Assessment

Comments/Characteristics (see attached): \_\_\_\_\_

## VII. Effect on Educational Performance (Based on Data Collected)

- ☐ Does not adversely affect educational performance.  
☐ Does adversely affect educational performance.  
☐ Evidence (grades, work samples, anecdotal information, etc.) are attached.

## VIII. Diagnostic Impressions

This student DOES MEET the eligibility standards for the following impairment(s):  
☐ Language    ☐ Articulation    ☐ Fluency    ☐ Voice

This student DOES NOT MEET the eligibility standards for the following impairment(s):  
☐ Language    ☐ Articulation    ☐ Fluency    ☐ Voice

## IX. Recommendations

This report is submitted to the IEP team for consideration when making decisions regarding placement and programming. Attach additional information to report.

\_\_\_\_\_  
Speech-Language Therapist

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Speech/Language Report & Assessment Documentation

# TRAUMATIC BRAIN INJURY

## Assessment Documentation

School System: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

1. Report documents Traumatic Brain Disorder.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. TBI is a result of an insult to brain caused by external force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. There is documentation of diminished or altered state of consciousness inducing partial or total functional disability in one or more of the following areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The brain injury is not due to injuries that are congenital or degenerative, or brain injuries induced by birth trauma.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Circle specific areas affected)		
<ul style="list-style-type: none"> <li>Physical impairments: speech, vision, hearing, and other sensory impairments; headaches; fatigue; lack of coordination; spasticity of muscles; paralysis of one or both sides; seizure disorder</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Cognitive Impairments: attention or concentration; ability to initiate, organize, or complete tasks; ability to sequence, generalize, or plan; flexibility in thinking; reasoning or problem solving; abstract thinking; judgment or perception; long-term or short-term memory (including confabulation); ability to acquire or retain new information; ability to process information/processing speed</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Psychosocial Impairments: impaired ability to perceive, evaluate, or use social cues or context appropriately affecting peer or adult relationships; impaired ability to cope with over-stimulation environments and low frustration tolerance; mood swings or emotional lability; impaired ability to establish or maintain self-esteem; lack of awareness of deficits affecting performance; difficulties with emotional adjustment to injury (anxiety, depression, anger, withdrawal, egocentricity, or dependence); impaired ability to demonstrate age-appropriate behavior; difficulty in relating to others; impaired self-control (verbal or physical aggression, impulsivity), inappropriate sexual behavior or disinhibition, restlessness, limited motivation, initiation; intensification of preexisting maladaptive behaviors or disabilities</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. The following assessment components are included:		
<ul style="list-style-type: none"> <li>Appropriate medical statement from a licensed physician            Physician's Name _____            Date of Statement _____</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Interview with parent/caregiver</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Educational history and current levels of educational performance</li> </ul>		
<ul style="list-style-type: none"> <li>Functional assessment of cognitive/communicative abilities</li> </ul>		
<ul style="list-style-type: none"> <li>Social adaptive behaviors which relate to TBI</li> </ul>		
<ul style="list-style-type: none"> <li>Physical adaptive behaviors which relate to TBI</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. There is documentation, including observation and/or assessment of how TBI adversely affects educational performance in the general education classroom or learning environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Documentation and assessment of how Traumatic Brain Injury adversely affects educational performance in the classroom or learning environment:

---

---

---

---

---

\_\_\_\_\_  
 Signature of Assessment Personnel Completing Information

\_\_\_\_\_  
 Date

**VISUAL IMPAIRMENT**  
Assessment Documentation

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
School System: \_\_\_\_\_ School: \_\_\_\_\_

1. A licensed teacher of students with Visual Impairments conducted a written functional vision and media assessment which included:
  - ☐ Observation of visual behaviors at school, home, or other environments
  - ☐ Educational implications of eye condition based upon information received from eye report
  - ☐ School history and levels of educational performance
  - ☐ Formal/informal tests of visual functioning
2. Assessment and/or screening of expanded core curriculum skills included:
  - ☐ Orientation and mobility
  - ☐ Social interaction
  - ☐ Visual efficiency
  - ☐ Independent living
  - ☐ Recreation and leisure
  - ☐ Career education
  - ☐ Assistive technology
  - ☐ Compensatory skills
  - ☐ Evaluation of the child's reading and writing skills, needs, appropriate reading and writing media, and current and future needs for braille
3. An ophthalmologist or optometrist indicated at least one of the following (Check all that apply).
  - ☐ Central visual acuity in the better eye or both eyes with best possible correction of 20/50 or less
  - ☐ Reduced visual field of 60 degrees or less with both eyes.
  - ☐ Medical and educational documentation of progressive loss of vision, which may in the future, affect the student's ability to learn visually,
  - ☐ Other visual impairment(s), not perceptual in nature, resulting from a medically documented condition.

Explain or reference data findings: \_\_\_\_\_  
\_\_\_\_\_

4. ☐ An orientation and mobility screening and/or evaluation was conducted to determine if there are related mobility needs in home, school, or community environment.
5. ☐ Documentation and assessment of how the student's visual impairment adversely affects educational performance in the classroom or learning environment was gathered.

Explain or reference data used to support findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Assessment Personnel Completing Information

\_\_\_\_\_  
Date

Visual Impairment Assessment Documentation